



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

1

FEB 11 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Mr. James Tarpo, President
American Chemical Service, Inc.
420 S. Colfax
Griffith, Indiana 46319

RE: Interim Status Acknowledgement USEPA ID No. IND016360265
FACILITY NAME: American Chemical Service, Inc.

Dear Mr. Tarpo:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

AMERICAN CHEMICAL SERVICE INC.

IND016360265

AMERICAN CHEMICAL SERVICE INC.

AMERICAN CHEMICAL SERVICE INC.

420 SO. COLFAX
GRIFFITH, IN 46319

UNIT OF MEASURE

UG

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
STORAGE:			GALLONS	G
-----			LITERS	L
CONTAINER	S01	G or L	CUBIC YARDS	Y
TANK	S02	G or L	CUBIC METERS	C
WASTE PILE	S03	Y or C	GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G or L	LITERS PER DAY	V
DISPOSAL:			TONS PER HOUR	D
-----			METRIC TONS/HOUR	W
INJECTION WELL	D79	G,L,U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-FEET	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:			HECTARES	Q
-----			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D,W,E, or H	METRIC TONS/DAY	S
OTHER	T04	U,V,J,R,N, or S		

DETACH

DETACH

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F017	2 F001	3 F002	4 F003	5 F005	6
7 	8 	9 	10 	11 	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K078	14 	15 	16 	17 	18
19 	20 	21 	22 	23 	24
25 	26 	27 	28 	29 	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002	32 U031	33 U112	34 U147	35 U154	36
37 	38 	39 	40 	41 	42
43 	44 	45 	46 	47 	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 	50 	51 	52 	53 	54
--------	--------	--------	--------	--------	--------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>James Tarpo</i>	NAME & OFFICIAL TITLE (type or print) JAMES TARPO PRES.	DATE SIGNED 8-8-80
---------------------------------	--	-----------------------

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Hazardous Waste Activity

Comments

[illegible]

A	M	E	R	I	C	A	N	C	H	E	M	I	C	A	L	S	E	R	V	I	C	E	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

Phone Number (area code and number)

2	T	A	R	P	O		J	A	M	E	S		P	R	E	S				2	1	9	9	2	4	4	3	7	0
---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	--	--	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

1	A	M	E	R	I	C	A	N		C	H	E	M	I	C	A	L		S	E	R		P
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	--	---

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☒ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☒ 5. Market or Burn Hazardous Waste Fuel
(enter "X" and mark appropriate boxes below)
- ☒ a. Generator Marketing to Burner
- ☒ b. Other Marketer
- ☒ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☒ B. Industrial Boiler ☒ C. Industrial Furnace

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

C. Installation's EPA ID Number

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

I	N	D	0	1	6	3	6	0	2	6	5
---	---	---	---	---	---	---	---	---	---	---	---

TO4 REPRESENTS TOTAL SOLVENT & FUEL RECYCLING CAPACITY

ID	A. EPA HAZARD WASTE NO. (under code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. WASTE TYPE CODE	D. WASTE DESCRIPTION (if D code is not entered in D(1))
	1	2	3	4			
X-1	K	0	5	1	200	P	TOXIC
X-2	D	0	0	2	400	P	TOXIC
X-3	D	0	0	1	100	P	TOXIC
X-4	D	0	0	2			Included with above

ID -		Official Use Only											
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1				2				3				4				5				6			
F	0	0	1	F	0	0	2	F	0	0	3	F	0	0	5								
7				8				9				10				11				12			

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13				14				15				16				17				18			
19				20				21				22				23				24			
25				26				27				28				29				30			

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31				32				33				34				35				36			
37				38				39				40				41				42			
43				44				45				46				47				48			

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49				50				51				52				53				54			

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

JAMES TARPO, PRESIDENT

1-22-86

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

T04 REPRESENTS SOLVENT & FUEL RECYCLING

EPA LB. WBS Form 1000-100-1

FIND 01 63 6026 5

F. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see page 5 for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see page 5 for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

41 31 2

LONGITUDE (degrees, minutes, & seconds)

37 24 58

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section I, place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator, provide the following information:

Name of Facility Owner		Address of Facility Owner	
City/State/Zip			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
James Tarpo		

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

MAY 27 1994

STATE OF INDIANA

1993 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

RECEIVED
WMD RECORD CENTER

MAY 31 1994

EPA ID:

NAME:

AMERICAN CHEMICAL SERVICE

Change

Is the name change due to a change in ownership? yes no

LOCATION

ADDRESS: 420 SOUTH COLFAX AVENUE IN 46319
GRIFFITH

Change

Is the location address change due to a move or did the Post Office change your address?

We moved PO change Other (please explain in comments)

MAILING

ADDRESS: PO BOX 190 IN 46319
GRIFFITH

Change

CONTACT:

~~GREEN, WEEHAM~~
420 S COLFAX AVE IN 46319
GRIFFITH
219-924-4370

Change

JAMES TARPO

OWNER:

AMERICAN CHEMICAL SERVICE
420 S COLFAX AVE IN 46319
GRIFFITH

Change

COUNTY: LAKE

*** HAZARDOUS WASTE ACTIVITY ***

DEM 1993 FUTURE

Large Quantity Generator (LQG) X X

Small Quantity Generator (SQG) X

Conditionally Exempt (CEG) X

Transporter S= for our own waste C= commercially X No

Treatment, storage, & disposal (TSD) X No (do not delete)

* NON HANDLER X

* OUT OF BUSINESS X

* ONE TIME GENERATOR X MAY 10 1994

* If you have checked one of these categories, your EPA ID number will be validated and you will have to reapply for it if you ever need to manifest waste off-site again. U.S. EPA REGION V

SIC CODES: 2869 PRIMARY SECONDARY

COMMENTS:

T.S.O CLOSURE CERTIFIED 3-31-93

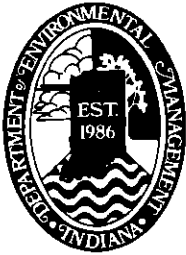
SIGNATURE:

James Tarpo

DATE:

1-7-94

IC, GM PS OI
WM



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NANCY A. MALOLEY, Commissioner

FILE

Keith

RECEIVED
OCT 14 1988

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

October 11, 1988

Mr. John J. Murphy
Vice President
American Chemical Service, Inc.
P.O. Box 190
Griffith, Indiana 46319

Re: Changes Under Interim Status
American Chemical Service, Inc.
Griffith, Indiana
IND 016360265

Dear Mr. Murphy:

This office has received your request of April 21, 1988, to alter your facility to satisfy the tank secondary containment requirements of 40 CFR Part 264.192. Indiana adopted these rules as part of 329 IAC 3-24 and 3-49 on June 20, 1988. The Indiana compliance schedule for satisfying these requirements for tanks such as yours, began on June 20, 1988, not July 14, 1986. This is a change from the schedule contained in the preliminarily adopted Indiana rules. The enclosed outline has been developed from the new requirements and is intended to serve as a brief guide in meeting these requirements.

The current submittal is inadequate and should be revised in accordance with the enclosure. In addition, it is requested that the facility Part B Application be updated and submitted in its entirety to include these proposed changes. Construction of these facilities at this time would not preclude this office from requiring changes as a result of a review of the Part B Application.

If you have any questions concerning this matter, please contact Ms. Debra Dubenetzky of my staff at AC 317/232-3221.

Very truly yours,

Thomas E. Linson, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

Enclosures

cc: Mr. Hak Cho, U.S. EPA, Region V (with enclosure)
Mr. Bernie Orenstein, U.S. EPA, Region V

An Equal Opportunity Employer

IA
Lake

CHANGE OF STATUS FORM

103
7/19

COMPANY NAME American Chemical Service, Inc. EPA ID INT 190011742

Please change on DP file name: _____

☐ Name ☐ Address ☐ ID Number ☒ Activity
☒ Status ☒ Contact ☒ Phone ☐ Other

(Please check any appropriate boxes. Then cite the new data on the lines below.)

Your Name: Shirley Cummings 9/1/87

Data to be changed: _____

NOTIFIER
NAME :

MAILING
ADDRESS: -

MAILING CITY,
STATE, ZIP CODE:

NOTIFIER
CONTACT: WALTER S. WAGONER, JR. Mgr.

LOCATION
ADDRESS:

LOCATION CITY,
STATE, ZIP CODE:

PHONE: 219 / 924 - 4370

ACTIVITY: (DELETE)

STATUS: 5 (out-of-business)

COUNTY:

NOTIFIERS LIST UPDATE FORM

DATE: 3/5/86 ORIGINATOR'S NAME: Ray, Herbert
 FACILITY NAME: AMERICAN CHEMICAL SERVICE INC. ID NUMBER: INT 190 611 742
 LOCATION ADDRESS: GRIFFITH, IN
 MAILING ADDRESS: _____
 CONTACT PERSON: WALTER WAGNER TITLE: Mgr.
 TELEPHONE NUMBER OF CONTACT PERSON: 219/924-4370
 STATUS: _____ ACTIVITY: _____
 COMMENTS:

This company has its own EPA ID # INDC16/360/265.
 The number listed above INT 190 611 742 was
 for Swift Chem. Co. and does not apply to
 Amer. Chem. Service Inc. They tend to get
 two biennial reports, UST Notifications and etc.
 in the mail.

RETURN FORM TO SHIRLEY L. HANCOCK

CHANGE OF STATUS FORM

Seq.
#00995

COMPANY NAME

American Chemical Service

EPA ID

100 916 360 265

Please change on DP file name: _____

☐

Name

☐

Address

☒

ID Number

☐

Activity

☐

Status

☐

Contact

☐

Phone

☐

Other

(Please check any appropriate boxes. Then cite the new data on the lines below.)

Your Name: _____

St. Janock 11/7/85

Data to be changed: _____

✓ KDR 11/12/85

NAME =

ID. # = IND 016 360 265

MAILING ADDRESS =

LOCATION ADDRESS =

CONTACT =

PHONE =

FILE COPY



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

December 10, 1987

Mr. John J. Murphy
Vice President
American Chemical Service, Inc.
P.O. Box 190
Griffith, IN 46319

Re: Part A Change
American Chemical Service, Inc.
IND 016360265

Dear Mr. Murphy:

We have reviewed your letter of July 10, 1987, where you forwarded a Part A change request. The addition of Tank No. 1002 to your Part A permit and therefore the increase in the tank storage (S02) design capacity from 315,000 gallons to 320,700 gallons is approved. This approved Part A application is dated January 22, 1986.

This tank has previously been in use at American Chemical Service Inc., for storage of distilled solvents which was sold as boiler fuel. The burning of these distilled solvents as hazardous waste derived fuel has now come under regulation. This process had not been previously regulated so it was not included in previous Part A or in your Part B Permit Application. We are also in receipt of your September 2, 1987, letter which amended your Part B Application to include Tank No. 1002.

If you have any questions, please call Mr. Bob Capiello of my staff at AC 317/232-3221.

Sincerely,

Jane Magee
Assistant Commissioner for
Solid and Hazardous Waste Management

RJC/ram

cc: Mr. Hak Cho, U.S. EPA, Region V
Mr. Bernie Orenstein, U.S. EPA, Region V
RCRA File 1C1d
Mr. Terry Gray
Mr. Jim Hunt



American Chemical Service, Inc.

P.O. Box 190 • Griffith, Indiana 46319
(219) 924-4370 • Chicago Phone (312) 768-3400

JUL 13 2 47 PM '87

OFFICE OF SOLID
AND HAZARDOUS
WASTE MGMT
DEH

July 10, 1987

Mr. Terry F. Gray, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management
Indiana Dept. of Environmental Mgt.
P.O. Box 6015
Indianapolis, IN 46206-6015

Re: The amendment of American
Chemical Service, Inc.
IND 016360265
Hazardous Waste Permit
Application Part A and
Part B.

Dear Mr. Gray:

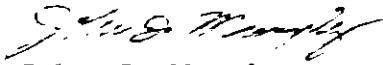
It has been the practice of American Chemical Service, Inc. (ACS) to utilize various distilled solvents as boiler fuel. These solvents are generated by the distillation at ACS of listed and non-listed hazardous wastes and presently their sale and distribution, as solvents, is not regulated. ACS was aware the burning of these materials, as fuels, had come under regulation on December 9, 1985 and filed the appropriate notification before the January 29, 1986 deadline. A copy is enclosed for your reference.

Since the material was a distilled solvent and not regulated until used as a hazardous waste derived fuel, ACS did not amend it's Part A, nor did ACS deal with it's use in the Part B submission. ACS, at this time, wants to change it's position concerning this matter. Enclosed is an amended Part A containing the following:

- 1.) An increased tank storage volume which includes the maximum working capacity of the tank #1002.
- 2.) A photograph of the hazardous waste derived fuel storage tank #1002.
- 3.) A Part A map indicating the tank #1002 location in the Distillate Tank Farm.

ACS is in the process of amending it's Part B to include the additional storage tank #1002 and expects to submit these revisions to your office by September 1, 1987. If you have any questions concerning this action please contact me as soon as possible at 219/924-3144.

Very truly yours,

A handwritten signature in cursive script, appearing to read "John J. Murphy".

John J. Murphy
Vice President
American Chemical Service, Inc.

RCRA
1cld y

FEB 10 1982

FEB 15 4 32 PM '82
DIV. OF LAND POLLUTION CONTROL
STATE BOARD OF HEALTH

5AHMM

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. James Tarpo
P.O. Box 190
Griffith, Indiana 46319

RE: American Chemical Services, Inc.
420 S. Colfax
Griffith, Indiana 46319
IND016360265

Dear Mr. Tarpo:

By now you should have received an acknowledgement of our receipt of your Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation & Recovery Act, as amended (RCRA) permit program. You should also have been apprised of your condition relative to interim status.

Accordingly, this letter constitutes the next step in the formal process leading to issuance or denial of an RCRA permit. Under the authority of 40 CFR 122.22, this is a formal request for submittal of Part B of your application for the above-referenced facility.

Enclosed is a copy of 40 CFR 122.25 which lists the items that constitute Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than August 18, 1982. Please send your application to the following address:

RCRA ACTIVITIES
Part B Permit Application
USEPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

While your complete application is due no later than the above date, you are encouraged to submit at your earliest opportunity those components which have been completed. Several interim status documents also are used as components of your Part B application. Included are such items as your waste analysis plan, contingency plan, closure plan, etc., each of which may be submitted to this office immediately, to initiate the processing of your Part B application.

Failure to furnish your complete Part B application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 122.22.

Information you submit in the Part B application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (USEPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. USEPA will review business confidentiality claims under regulations at 40 CFR Part 2, and will later request substantiation of any claims. Please review these rules carefully before making a claim.

We have also enclosed a copy of 40 CFR Part 264 which includes technical standards for the operation of treatment and storage facilities. These standards will become applicable upon issuance of a permit to your facility by USEPA.

We will coordinate review of your application with the Indiana State Board of Health and the Hazardous Waste facility Approval Board, and if your application is acceptable, will strive for a simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of your application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and the State in lieu of USEPA will make the final determination on your application.

We are committed to conducting the RCRA permitting process as efficiently as possible. Consequently I suggest you contact Peter Tong of my staff at (312) 886-6160, as you begin preparing your application. Mr. Tong will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

We look forward to receiving your Part B application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosures: 40 CFR 122.25
40 CFR 264

cc: David Lamm, ISBH

EPA Form 3510-3 (6-80)

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04")

FOR EACH PROCESS ENTERED HERE

T04 REPRESENTS TOTAL SOLVENT & FUEL
(RECYCLING CAPACITY)

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing. If you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 1 M 0 0 1 6 3 6 0 2 6 5 T/A C 1													W 2 DUP T/A C 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES															
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F	0	0	1	350				T	5	0	1	5	0	2	T	0	4							
2	F	0	0	2	350				T	5	0	1	5	0	2	T	0	4							
3	F	0	0	3	1000				T	5	0	1	5	0	2	T	0	4							
4	F	0	0	5	1000				T	5	0	1	5	0	2	T	0	4							
5	D	0	0	1	20,000				T	5	0	1	5	0	2	T	0	4							
6																									
7																									
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26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL

PROCESS CODES FROM ITEM D(1) ON PAGE 1.

TO4 REPRESENTS SOLVENT & FUEL RECYCLING

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	I	N	D	0	1	6	3	6	0	2	6	5		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	1		2
---	---	---	---	--	---

3	7	2	4		5	8
---	---	---	---	--	---	---

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

JAMES TARPO

B. SIGNATURE

James Tarpo

C. DATE SIGNED

8-14-85

X. OPERATOR CERTIFICATION

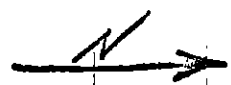
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

RAISED ELEVATION
NATURAL BARRIER



APPROX 600'

CULVERT

A)

FROM

DRAINAGE DITCH

CULVERT

B)

LOW LAND

NOTES

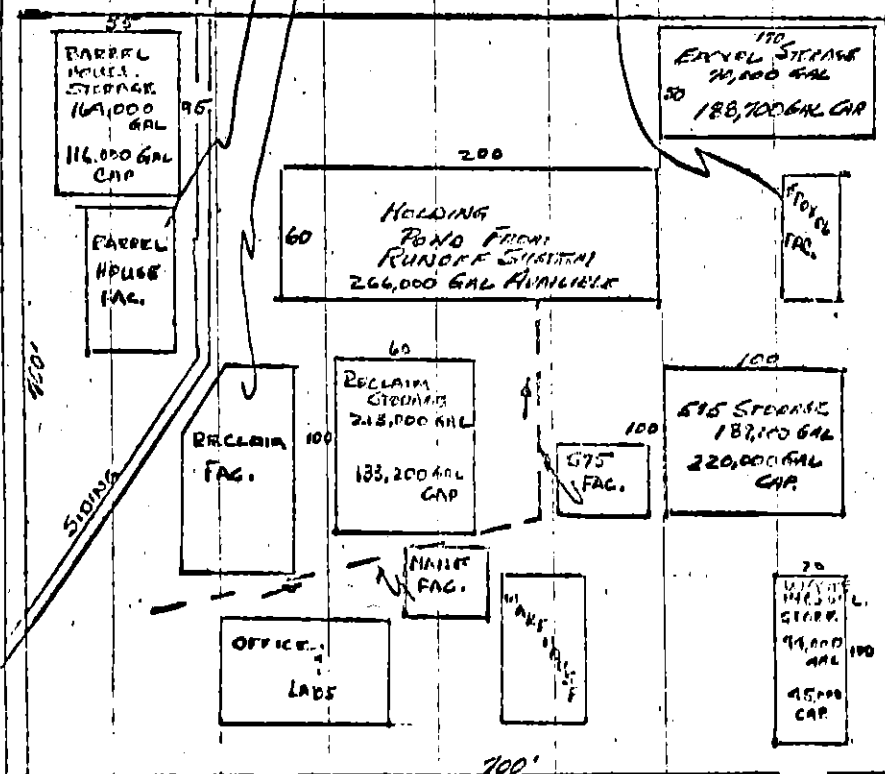
ALL DIKES ARE 3' HIGH
AND EARTHEN

--- RUNOFF
SYSTEM

APPROX
1500'

C/O Bureau

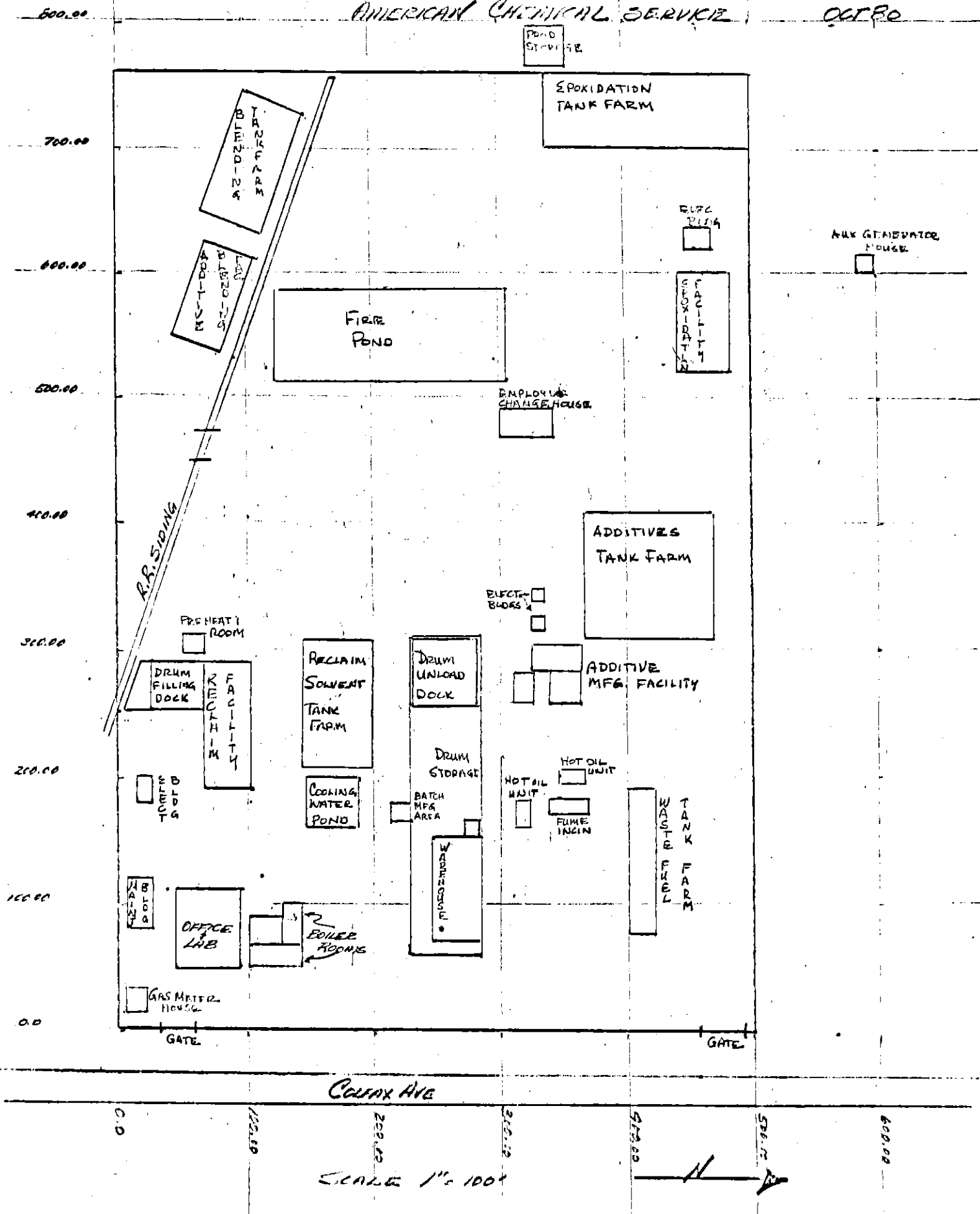
SAIL FLOW

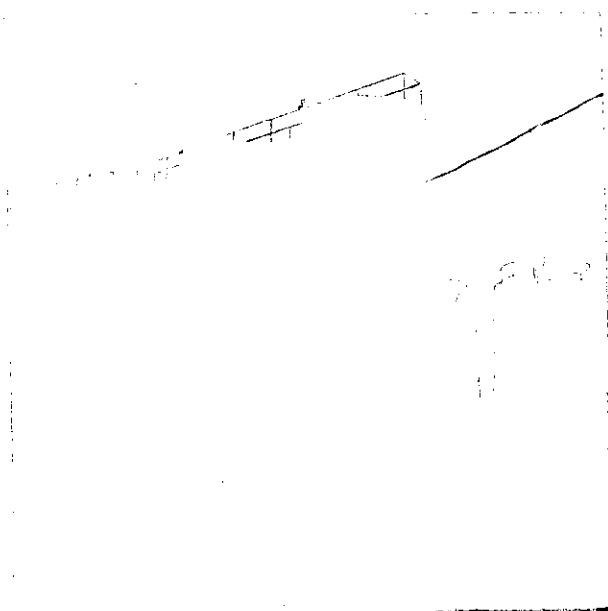


GENCO TRUCK PULPWOOD

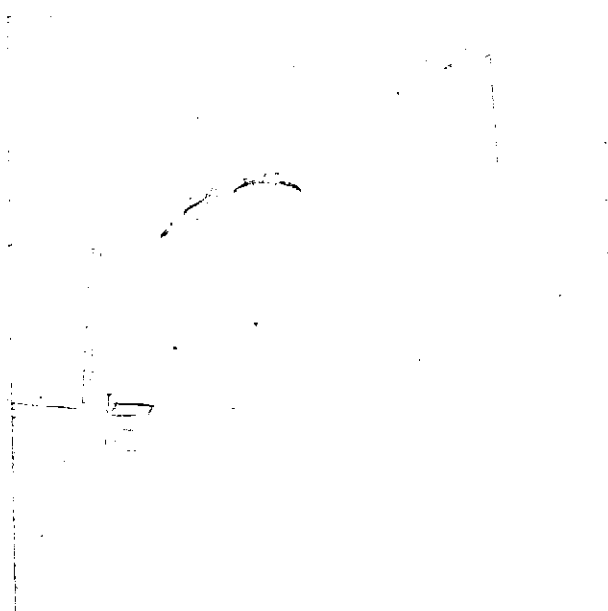
AMERICAN
CHEMICAL
PROPERTY
LINE

Oct 30

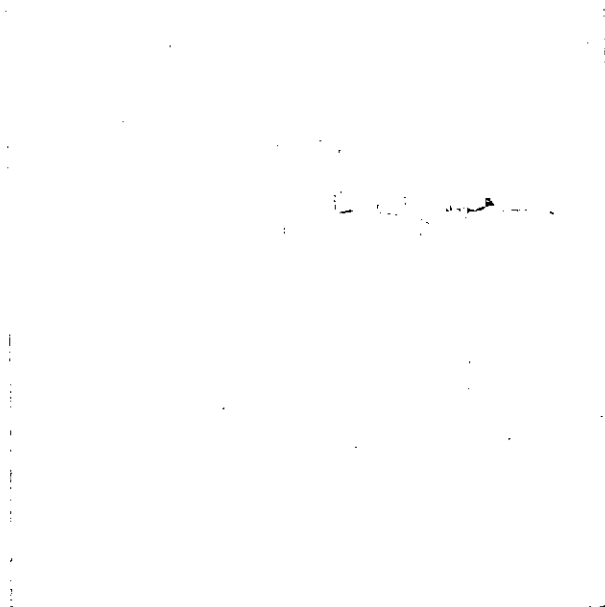




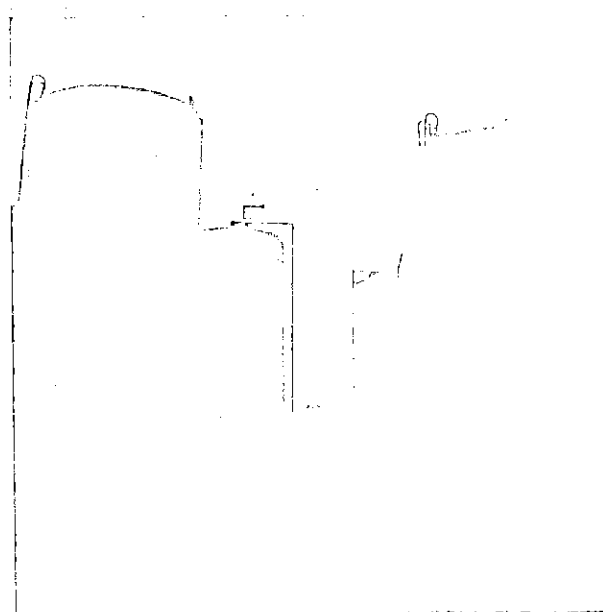
CRUDE & FINISHED
SOLVENT STORAGE
11-13-80



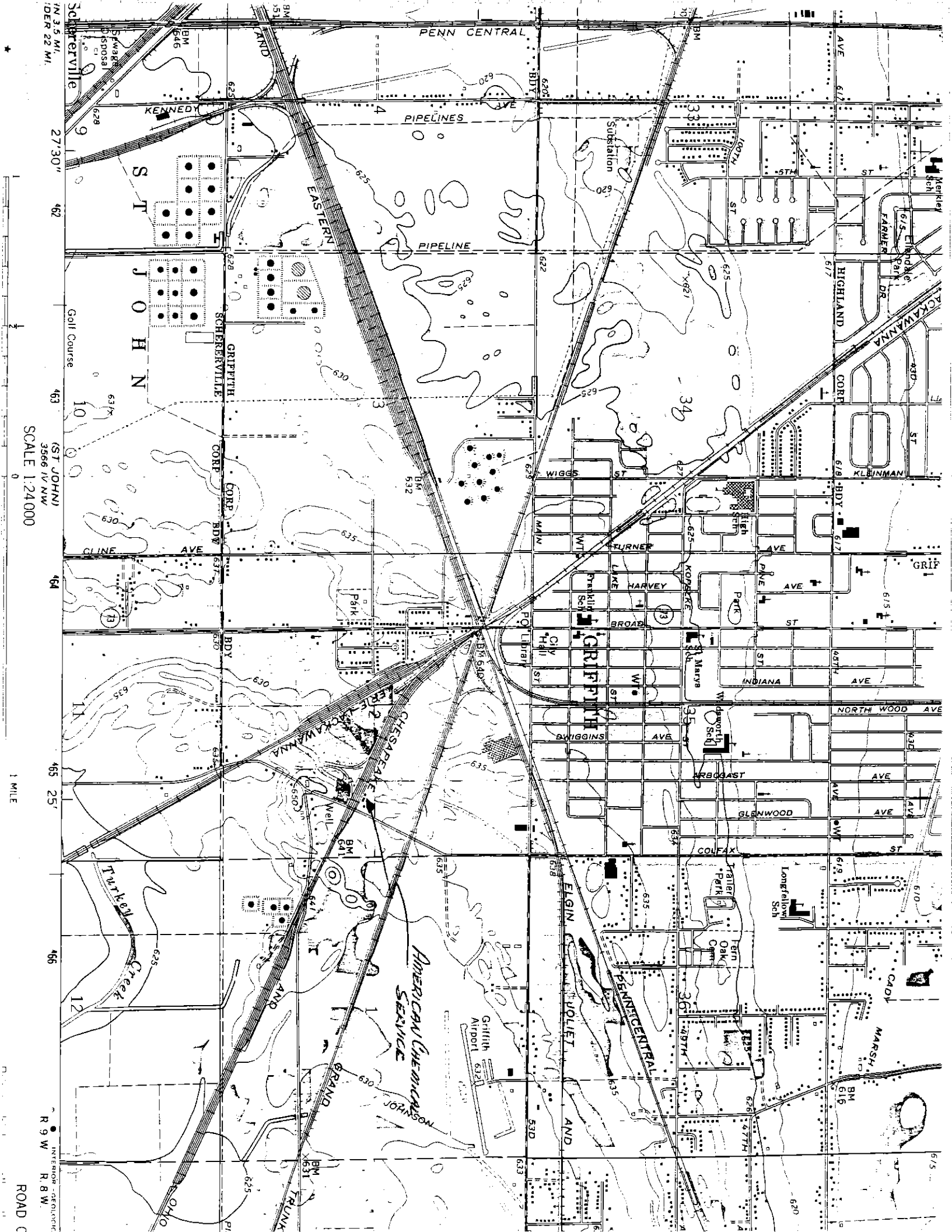
SOLVENT RECYCLING PLANT
11-13-80



CRUDE & FINISHED FUEL
STORAGE AREA
11-13-80



CRUDE & FINISHED FUEL
STORAGE AREA
11-13-80



CHESAPEAKE AND OHIO RAILROAD

363'

800.00

700.00

600.00

500.00

400.00

← TO 807'

300.00

200.00

100.00

C.O.

PROPERTY LINE

PAST LANDFILL

120'

250'

COLFAX AVE.

700.00

600.00

500.00

400.00

300.00

200.00

100.00

American Chemical Service's testing facilities consist of two laboratories, 18 x 24 and 20 x 30 feet. Major apparatus instruments are as follows:

- 1 Varian Model 3700 Gas Chromatograph
- 1 Brinkman Potentiograph Model E 576
- 1 Perkin-Elmer 137 Spectrophotometer
- 1 Paar oxygen bomb colorimeter, Model 1341

Pensky-Martens and Tag open cup flash point testers,
Distillation equipment, ASTM, Assorted Glassware, accessories
and Reagents.

Analytical methods are mainly ASTM Standards.

The laboratory is manned by two degreed chemists.

CONTINUE ON REVERSE

PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 REPRESENTS TOTAL REDISTILLING & FUEL
RECYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)		D. PROCESSES									
	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
X-1	K	0	5	4	900		P	T	0	3	D	8	0				
X-2	D	0	0	2	400		P	T	0	3	D	8	0				
X-3	D	0	0	1	100		P	T	0	3	D	8	0				
X-4	D	0	0	2													included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W 1 N D O 1 6 3 6 0 2 6 5 T/A C 1										W D U P T/A C 2 D U P									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F017	1,024	T	502	T04														
2	F001	1420	T	502	T04														
3	F002	364	T	502	T04														
4	F003	11,140	T	502	T04														
5	F005	7,348	T	502	T04														
6	K078	1,780	T	502	T04														
7	U002	1,840	T	502	T04														
8	U031	32	T	502	T04														
9	U112	20	T	502	T04														
10	U147	10	T	502	T04														
11	U159	20	T	502	T04														
12																			
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25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

TO4 REPRESENTS SOLVENT & FUEL RECYCLING

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	1	2
65	66	67	68	69

8	7	2	4	5	8
72	73	74	75	76	77

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

JAMES TARPO

B. SIGNATURE

James Tarpo

C. DATE SIGNED

2-18-82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permit Program
(Read the "General Instructions" before starting.)

SECTION

IND016360265

GENERAL
I. FACILITY
II. FACILITY
III. FACILITY
IV. FACILITY
V. FACILITY
VI. FACILITY

IND0 16360265
AMER. CHEM. SERV.
PO BOX 190
GRIFFITH IN 46319

420 S. COLFAX AVE.
GRIFFITH IN.

GENERAL INFORMATION
Printed label that must be attached to the permit application form. The label must be attached to the permit application form in the space provided for this purpose. The label must be attached to the permit application form in the space provided for this purpose. The label must be attached to the permit application form in the space provided for this purpose.

II. POLLUTANT

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the column of the Supplemental form is attached. If you answer "no" to most questions, you need not submit any of these forms. You may answer "no" if the facility is excluded from permit requirements; see Section C of the instructions. See also, Section II of the instructions for definitions of basic permit types.

SPECIFIC QUESTIONS	ANSWER			SPECIFIC QUESTIONS	ANSWER		
	YES	NO	OTHER		YES	NO	OTHER
1. Is this facility a new or existing source of air pollution?		X		1. Is this facility a new or existing source of air pollution?		X	
2. Is this facility a new or existing source of water pollution?		X		2. Is this facility a new or existing source of water pollution?		X	
3. Does or will this facility treat, store, or dispose of hazardous waste? (EPA 40 CFR 300.106)	X		X	3. Does or will this facility treat, store, or dispose of hazardous waste? (EPA 40 CFR 300.106)	X		X
4. Is this facility a new or existing source of air pollution?		X		4. Is this facility a new or existing source of air pollution?		X	
5. Is this facility a new or existing source of water pollution?		X		5. Is this facility a new or existing source of water pollution?		X	
6. Is this facility a new or existing source of air pollution?		X		6. Is this facility a new or existing source of air pollution?		X	

AMERICAN CHEMICAL SERVICE INC

THOMAS JAMES PRESIDENT

219 924 4370

PO BOX 190

GRIFFITH

IN 46319

420 SO COLFAX AVE

LAKE

GRIFFITH

IN 46319

A. FIRST		B. SECOND	
2869 (specify)	INDUSTRIAL ORGANIC CHEM	5161 (specify)	CHEMICALS & ALLIED PRODUCTS
C. THIRD		D. FOURTH	
2992 (specify)	LUBE OIL & GREASES	5172 (specify)	PETROLEUM PRODUCTS

WIR: OPERATOR INFORMATION

A. NAME: AMERICAN CHEMICAL SERVICE INC

B. PHONE: 219 924 4370

C. ADDRESS: PO BOX 190

D. CITY: GRIFFITH IN 46319

		(specify)
		(specify)

SOLVENT RECLAMATION & WASTE DISPOSAL
 CUSTOM CHEMICAL MANUFACTURING - FUEL ADDITIVES
 PLASTICIZERS & RESINS

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
JAMES TARPO PRES,	<i>James Tarpo</i>	2-18-82



RCRA

Consolidated Permit Program

(This information is required under Section 3005 of RCRA.)

FIND 0163602651

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (Yr, Mo, & day)

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (check one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (Place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (Yr, Mo, & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

Yr.	Mo.	Day
8		

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (Yr, Mo, & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

Yr.	Mo.	Day

B. REVISED APPLICATION (Place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes the process as used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the codes in the space provided. If a process code not listed is used, it must be included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (from 11-12).

B. PROCESS DESIGN CAPACITY

1. APPROXIMATE

2. UNIT OF MEASURE

3. DESIGN CAPACITY

4. DESIGN CAPACITY

5. DESIGN CAPACITY

6. DESIGN CAPACITY

7. DESIGN CAPACITY

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97. DESIGN CAPACITY

98. DESIGN CAPACITY

99. DESIGN CAPACITY

100. DESIGN CAPACITY

IV. PROCESS (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 REPRESENTS TOTAL SOLVENT & FUEL RECYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTE

A. EPA HAZARDOUS WASTE NUMBER. Enter the EPA waste number from the list of hazardous waste you will handle. If you handle hazardous waste which are not listed in 40 CFR, Subpart C, enter the four-digit number from 40 CFR, Subpart C that describes the characteristics and/or the toxic constituents of these hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY. For each hazardous waste entered in column A, enter the estimated annual quantity that will be handled on an annual basis. For each characteristic or toxic constituent entered in column A, enter the estimated annual quantity of the waste which possesses that characteristic or constituent.

C. UNIT OF MEASURE. Enter the unit of measure for each waste. The units must be used and the appropriate codes are:

UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

If facility records use any other unit of measure, the units must be converted to the required units of measure taking into account the appropriate density or specific gravity.

D. PROCESSES**1. PROCESS CODES**

For listed hazardous waste, for each waste enter the process code from the list of process codes contained in Item III to indicate how the waste will be handled. For non-listed hazardous waste, enter the process code from the list of process codes contained in Item III to indicate how the waste will be handled. For characteristic or toxic constituent, enter the process code from the list of process codes contained in Item III to indicate how the waste will be handled. Note: For waste which is both listed and non-listed, the process code for the listed waste must be entered.

2. PROCESS DESCRIPTION

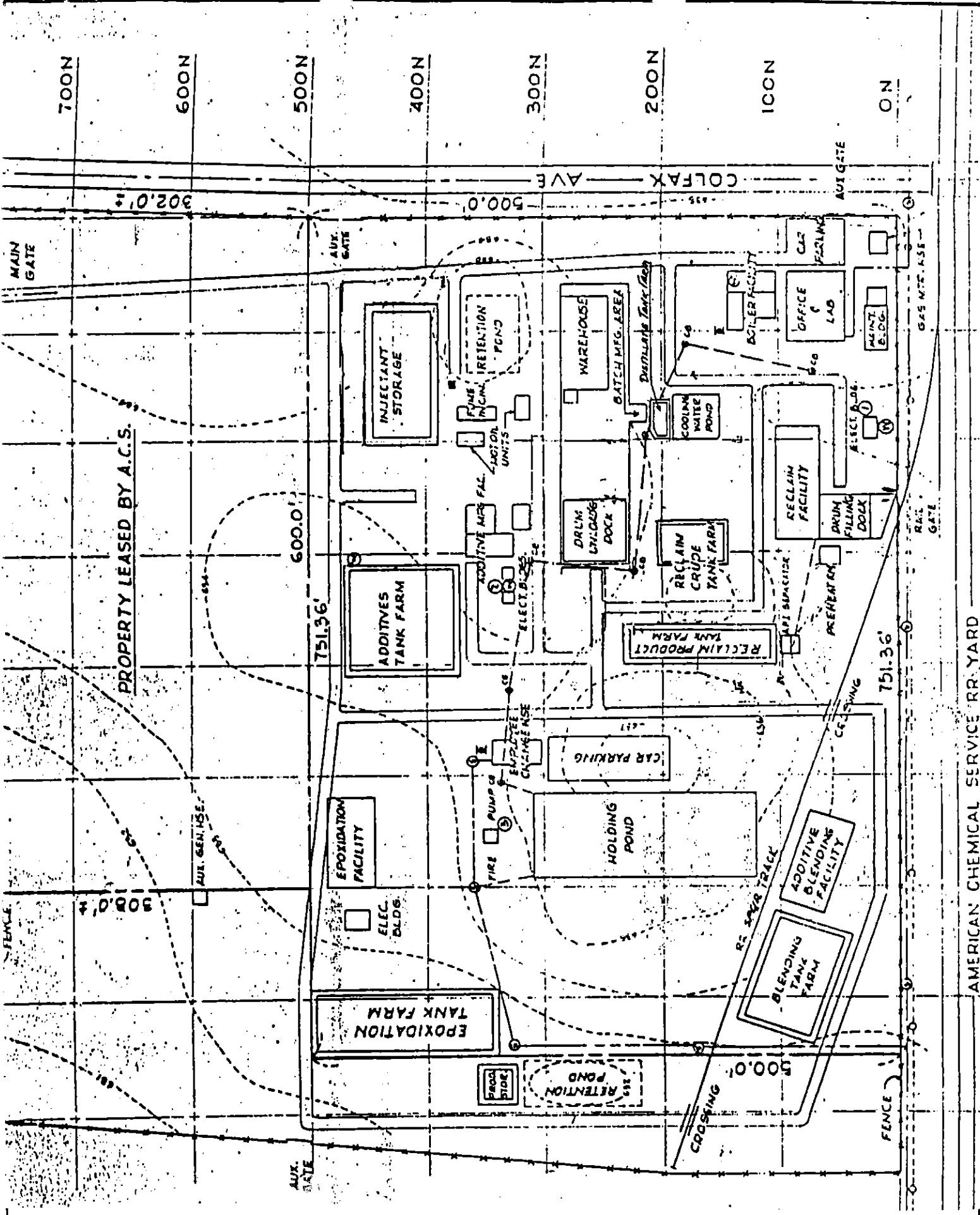
NOTE: HAZARDOUS WASTE NUMBER. Enter the EPA waste number from the list of hazardous waste you will handle. If you handle hazardous waste which are not listed in 40 CFR, Subpart C, enter the four-digit number from 40 CFR, Subpart C that describes the characteristics and/or the toxic constituents of these hazardous wastes.

1. Select one of the EPA waste numbers from the list of hazardous waste you will handle. If you handle hazardous waste which are not listed in 40 CFR, Subpart C, enter the four-digit number from 40 CFR, Subpart C that describes the characteristics and/or the toxic constituents of these hazardous wastes.
2. In column B, enter the estimated annual quantity of the waste.
3. Repeat steps 1 and 2 for each waste.

EXAMPLE FOR COMPLETING FORM: A facility handles an estimated 900 pounds per year of chronic solvents from leather cleaning. The solvents are corrosive only and there will be an estimated 400 pounds per year of that waste. Treatment will be in an incinerator and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and there will be an estimated 100 pounds per year of that waste.

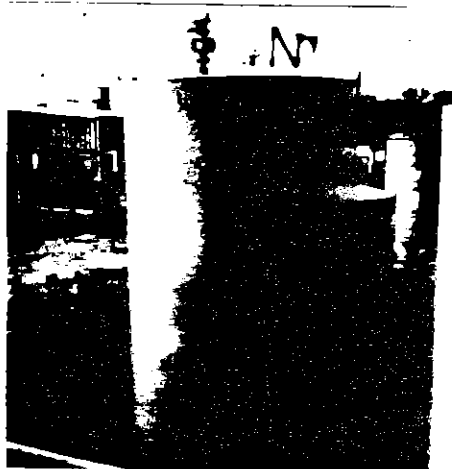
NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS CODE	E. PROCESS DESCRIPTION (if code is not entered in D(1))
X-1	A 0 5 4	900	P	X 0 3	
X-2	D 0 0 2	400	P	T 0 3	
X-3	D 0 0 1	100	P	T 0 3	
X-4	D 0 0 2				Included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)															
WASTE NO.	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. TSCA CODES								
	1	2	3	4			1	2	3	4					
1	F	0	0	1	350	T	S	0	1	S	0	2	T	0	4
2	F	0	0	2	350	T	S	0	1	S	0	2	T	0	4
3	F	0	0	3	6000	T	S	0	1	S	0	2	T	0	4
4	F	0	0	5	6000	T	S	0	1	S	0	2	T	0	4
5	D	0	0	1	5000	T	S	0	1	S	0	2	T	0	4
6															
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V. FACILITY DRAWING (see page 4)

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